



STATE OF NEW YORK DEPARTMENT OF HEALTH

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TO: All Health Care Providers, including Hospitals, Diagnostic and Treatment Centers, Nursing Homes, Adult Care Facilities, Home Care Agencies, Pharmacies, and County Health Departments

FROM: New York State Department of Health Bureau of Communicable Disease Control

Influenza Vaccine Shortage Advisory: Update #5

Please distribute immediately to all appropriate departments, including Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, and Director of Pharmacy.

1. Influenza Disease Activity

Influenza activity is at the regional level in New York State. During the week ending November 20, four nursing homes -- one each in the counties of Broome, Bronx, Queens and Richmond -- reported laboratory-confirmed nosocomial influenza outbreaks to the NYSDOH. These outbreaks are being controlled through the use of influenza antiviral treatment and prophylaxis, droplet precautions, and other recommended infection control measures. In addition, sporadic laboratory-confirmed influenza cases in the community were reported in the counties of Bronx, Broome, Cayuga, Columbia, Monroe, Onondaga, Queens, Richmond and Westchester. As flu season progresses, summary information of influenza disease activity will continue to be available on the NYSDOH public website and the HIN/HAN/HPN. Please refer to the NYSDOH's website at <http://www.health.state.ny.us/nysdoh/flu/index.htm> for weekly statewide influenza surveillance information.

2. Phased Distribution of Influenza Vaccine

In the coming weeks, the New York State Department of Health (NYSDOH) will receive influenza vaccine from the Centers for Disease Control and Prevention (CDC) Phase 2 Vaccine Redistribution. NYSDOH has placed an order for 265,000 doses, our maximum allocation. This additional vaccine will be helpful, but will not meet our total need. Moreover, the majority of vaccine from federal resources will not be available for several weeks—one third of our vaccine allocation will not arrive until January.

NYSDOH is working closely with Local Health Departments, healthcare facilities and providers to direct distribution of influenza vaccine. The five boroughs of New York City are not included in this vaccine distribution, because the New York City Department of Health and Mental Hygiene is receiving a separate vaccine allocation. After careful consideration of the many issues involved, including the number of high-priority individuals in each county, the number of doses each county has already received and remaining unmet needs, NYSDOH is using a phased approach to apportion available vaccine.

The first allocation, which is underway, will provide vaccine to a discrete group of high-risk patients. Local Health Departments are receiving vaccine sufficient to meet the needs of 100 percent of nursing home residents of nursing homes. During this first allocation, vaccine is also being supplied to address 50 percent of remaining healthcare worker needs in nursing homes. Per the request of local health officials in Nassau, Suffolk and Westchester counties, vaccine is being shipped directly to nursing homes in those counties. Local Health Departments in the other 54 counties have already received vaccine for nursing home distribution.

Providers are reminded that many healthcare workers will be able to take FluMist—the live attenuated vaccine. As there will not be enough injectable vaccine for all individuals who provide direct patient care, this option should be pursued.

As additional influenza vaccine becomes available in December and January, we will release it to Local Health Departments to help meet community needs. Providers who require vaccine for their high-risk patients should contact their Local Health Department to determine availability of supplies. Unfortunately, even when all the additional vaccine arrives, there will not be enough for everyone in a priority group. Many people who are at high priority for vaccination will have to wait until December or January to get a flu shot. These individuals should continue to be persistent, yet patient, in seeking out vaccine.

As stressed in earlier communications, any provider with excess or unused vaccine should contact their Local Health Department. Similarly, Vaccines for Children (VFC) providers who have VFC-supplied influenza vaccine over and above what is needed for their VFC-eligible patients should transfer the excess doses to their Local Health Department. It is important that no influenza vaccine goes unused.

We understand that this situation may be confusing and frustrating. While there is no perfect answer to the dilemma posed by the shortage of flu vaccine, we are striving to

devise a vaccine apportionment strategy that is fair and will provide influenza vaccine to those who can benefit from it most. Your cooperation is greatly appreciated.

3. Information on Live Attenuated Influenza Vaccine

The live attenuated influenza vaccine (LAIV) is a trivalent vaccine that is administered intranasally. LAIV is manufactured by MedImmune and marketed under the name FluMist. LAIV is indicated for the immunization of healthy persons, aged 5 to 49 years of age. During the current shortage of inactivated influenza vaccine, LAIV is an important option for the vaccination of most health care workers, contacts of infants younger than six months of age, and all healthy individuals between the ages of 5 and 49 years who wish to be immunized against influenza. The New York State Department of Health (NYSDOH) strongly recommends that health care facilities and providers obtain LAIV for administration to appropriate individuals.

Use of LAIV by Health Care Workers

LAIV may be administered to the majority of health care workers in nursing homes, hospitals, and outpatient settings. LAIV should not be administered to those health care workers who have close contact with **severely immunosuppressed persons** (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunosuppressed person requires care in a protective environment. However, **LAIV can be used for the vaccination of health care workers who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma and who take corticosteroids, or persons infected with human immunodeficiency virus) or all other groups at high risk.**

Others Who May Receive LAIV

LAIV may be administered to healthy individuals who are between the ages of 5 and 49 years of age. This includes the CDC priority group of contacts of infants between who are less than 6 months of age. **It is important to note that healthy persons between the ages of 5 and 49 years can be immunized with LAIV, regardless of whether they are in a CDC priority group.**

LAIV Storage

LAIV must be stored at -15 degrees Celsius (C) or colder. Previously LAIV could only be stored in a frost-free freezer if a manufacturer-supplied freezer box was used. For the 2004-2005 influenza season, doses shipped between 11/8/04 and 2/8/05 can be stored in a frost-free freezer without a freezer box. Doses shipped before that date do require storage in a freezer box.

Insurance Coverage of LAIV

Most insurance plans, including Medicaid, cover LAIV and plan to do so next year.

How to Order LAIV

FluMist can be ordered directly from the manufacturer, MedImmune, by contacting their distributor, General Injectables and Vaccines (GIV), at 1-877-FluMist (1-877-358-6478).

More Information on LAIV

Additional information on LAIV can be obtained from the CDC influenza website at www.cdc.gov/flu, or from MedImmune's website at www.flumist.com. An additional source of information is *Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, MMWR Recommendations and Reports, April 28, 2004/ 53 (RR06); 1-40.

We thank you for your ongoing dedication and cooperation during this difficult period.